



Engaging with Families Focus Group Report

in response to 'Child H' Serious Case Review

Document Control

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Background

The Keeping Bristol Safe Partnership (KBSP) has a statutory responsibility for Safeguarding children, adults, and the communities of Bristol. Recent Child Safeguarding Practice Reviews (CSPR) and Safeguarding Adult Reviews (SARs) have identified the need to better engage with families who may be resistant to the support offered by statutory and non-statutory services.

In October 2018, the CSPR sub-group published its report on Child H. The case involved a severely disabled and non-mobile child being attacked by a dog whilst in bed in the family home. The dog was allegedly given to Child H's mother and her partner a few weeks earlier by a homeless person. Whilst the dog had been seen at the home by professionals, they were faced with assertions by both parents which denied the longer-term presence of the dog and its aggression.

During investigation by police at the time of the attack, it established that the dog had previously shown aggression towards Child H and the Crown Prosecution Service (CPS) decided to prosecute Child H's mother and her partner for being in charge of a dangerously out of control dog which injured a child.

The Child H Report concluded within its recommendations that 'Safeguarding Practitioners are likely to encounter feigned compliance, resistance and on occasions deceit from parents and carers due to the personal and systemic challenges that affect their ability to make changes to situations of abuse and neglect. The LSCB should require all partner agencies to review their training to ensure that Practitioners are effectively trained and supported in assessing parenting capacity to change and working with behaviours of feigned compliance, resistance and deceit in this context'.

The term "disguised compliance" suggests an active avoidance of change by families to continue to harm children. Whilst this can occur in the most serious of safeguarding situations - the KBSP recognise that this is by far the minority of families for whom the phrase "disguised compliance" is used. There are many rational and understandable reasons why a parent or family may not be entirely honest and engage with practitioners in the care of their children.

The ability to make change in complex situations, many of which are compounded by deprivation, ill health, and inter-generational trauma, would be challenging for anyone - professionals included. Barriers such as the experience of shame and fear are very powerful. Fear about the potential loss of care of a child can prevent families reaching out.

Purpose of Report

The CSPR sub-group requested this report to gain a better understanding from front line practitioners and managers on the issues faced in engaging families, what might be done to overcome barriers and how agencies and services across the city can work more effectively to achieve better outcomes for these families and their children.

The focus groups provide an insight into what front line practitioners across partnership organisations thought about effectively engaging and supporting families, especially those who may be resistant to engaging with professionals or interventions. The groups discussed barriers to engagement and how to effectively engage families who may be resistant to support and/or interventions to improve outcomes.

Methodology

Focus groups were set up with invites sent out to front line practitioners and managers from both statutory and non-statutory agencies and services. The invites were sent using training participation lists from previous disguised compliance training and via the CYPS Workforce training and development list. Invites were also sent directly to 18 partner agencies. A list of the partner agencies can be found at [Appendix 1](#) of this report.

Three focus groups were attended by 22 practitioners from both BCC CYP services and partner agencies. Two were facilitated by James McFeat, the Principal Social Worker for Children and Families and one by Lindsey Macintosh, Consultant Community Paediatrician and Designated Doctor for Safeguarding at Sirona. The views and opinions of participants were sought in relation to four questions and the responses recorded for the purposes of this report. The questions included:

1. What do you currently do in your organisation or service to promote building relationships with families to achieve better outcomes?
2. What can get in the way of building these relationships?
 - What does that look and feel like?
3. What could we do better?
4. What do you do if you can't make progress with a family?

Discussion

The discussion began by participants highlighting that the ethos and values of the organisation or agency they were representing were key in engaging effectively. They believed these values came across to the families that they were supporting and felt the language/terminology they used with families reflected this. Being aware of using the right language that was non-judgement and did not blame families was key. The group believed families very quickly picked up on the language of practitioners and would quickly form a view of agencies/services as a result.

The group also acknowledged that practitioners who were focused on supporting children and families in a non-statutory way were much more likely to be able to engage and build trusted relationships. A social work practitioner who supported children returning to home after a period in care, spoke of families who 'relished' working with them, whereas those social work roles which included a statutory element faced more difficulty in engaging some families who could feel threatened by or worried about child protection plans or proceedings.

The group felt those practitioners working in CP, responding to crisis, and having to undertake formal assessments or legal proceedings faced more of a challenge in engaging

families. It was felt the statutory element of the social work role could pose a real barrier for families who may see them as a threat (to having children removed).

Practitioners from a domestic abuse charity, mentioned that those working in a child protection statutory role could be viewed with suspicion and fear by victims of abuse, due to their abusers stating their involvement would mean the removal of the children from the victims care. They often relied fears by clearly stating they were independent of statutory services, which helped these victims relax and engage in a timely manner.

They also spoke of the importance of not telling victims what they should or not do, as this only mirrored the language and dominating behaviour of the abuser. Instead the practitioners explained how they provided all relevant information for the individual and worked with them to decide their best steps forward. It was deemed important to mention that agencies and services could unwittingly use the same techniques and behaviours as abusers in telling a non-abusive parent what they must do or should do. This replication of behaviour often resulted in fear, intimidation, and avoidance towards the agency/service offered.

Another participant from a children's charity reiterated the importance of organisational values and spoke of the need to evaluate how we communicate with families, stating practitioners need to make parents know they believe they want to do the best for their children. "For us, it's about asserting that we believe in parents, because of adverse experiences they've had in the past, they may not know - we focus on strengths and honesty".

Non-statutory practitioners spoke of the importance of not assuming the family were to blame for non-engagement and to take time to understand why they didn't want to engage. The group talked about asking the family to tell their story and taking the time to understand how the family works, experience of past trauma and/or any previous distrust of services, as well as their day to day activities. It was deemed crucial to understand barriers and wherever possible trying to develop contact which was personalised around the person/family. This proved beneficial when looking to book appointments and provide appropriate interventions and support to meet their needs.

They spoke of the need for some services to move away from or adapt the current "the three strikes and you're out" approach to accessing services and to provide as much information to families at the first contact so they knew what they could expect from the services offered so they weren't daunted and less inclined to refuse the service.

For more complex clients who were not easy to engage with services the group felt it was beneficial to work through an intermediary. This could be an existing service such as GP, probation, mentor, or charity, who could then introduce the new practitioner as an individual who could be trusted and could help the family rather than a threat to them. Those in the group who had used this approach found it to be both successful and timesaving.

In not working with high risk families or having to provide a service at the point of crisis, some social work practitioners found there was more time to focus on getting to know families and their day to day lives. In having that space, they were able to read up on the family's history and get to know what their previous experiences had been before having to undertake any formal assessments.

One social work participant spoke of meeting face to face with the family a couple of times before any assessment was undertaken, just to understand their story and this was appreciated by the family who in turn felt they were being listened to and empowered to talk

freely. The group agreed in taking this time, families were more open and willing to share their experiences and challenges.

The group spoke of the importance of being culturally competent in working with families and wider communities. A participant social worker spoke of how she researches and learns about cultural backgrounds of families, prior to meeting with them for the first time, and how showing an interest in a family's culture makes a positive difference. The family feel valued that she has taken an interest and she said it enabled her to be professionally curious in asking questions without offending family members.

Another participant spoke of there being a gap in workforce knowledge of other cultures and the need to increase cultural competency, improve confidence and increase family engagement. It was acknowledged it could be difficult to discuss culturally sensitive issues or ask challenging questions without having this learning. "We need a workforce that's confident in understanding the impact of trauma, ability to engage with warmth, and cultural awareness".

The group discussed the ability to build trusted relationships as being key. If a family was resistant to working with a new worker, the group mentioned the importance of using an existing contact already known to the family as being beneficial as a way in. The group also said being clear, transparent, and consistent in communications and support/action was vital for effective family engagement. The importance of using simple language and seeking clarification from the family that they do understand what is being said, is also key, especially in those families where English may not be their first language.

The group was asked what could get in the way of effectively engaging with families and they spoke of families who had been labelled by professionals as 'never going to change' or entrenched in their behaviours. A participant in the group talked about her social work role and the importance of finding 'nuggets of hope' with every new family she worked with. She said she was enthusiastic when allocated a new family. She talked about making time to get to know the family and their day to day activities and routines, what they enjoyed and what they didn't like. This enabled her to work alongside the family in the joint identification of these 'nuggets'/goals and drive interventions that were jointly agreed and relevant to their needs. Making appointments around family routines also helped to improve attendance.

A participant also said it was noting the number of professionals that can often be involved with a family with lots of families having multiple workers visiting them. They felt that the way services were set up did not help families engage, having different appointments on different days with different people. They felt the best conduit of improvement was developing a good relationship with the family. They believed one confident and competent professional could engage on a multitude of issues, rather than deploying numerous professionals with various specialisms. He said, "It's about pulling people in where they're needed not allocating lots (of professionals) from the start".

This was reinforced by another participant from a charity who said she had often been asked by families "Who are you?" as they'd been allocated multiple agencies. She thought this posed real difficulties particularly with those families who had complex narratives.

The group acknowledged if previous interventions did not work with a family then another approach was needed. It was generally agreed using the same or similar interventions time and time again would not work, so practitioners should be able to think outside the box and try something else that might work for that family.

The group discussed what would be useful to improve interventions and a non-statutory participant spoke about the need for better understanding and sharing of data/experiences. She mentioned the possibility of a practitioners' forum for sharing what actions have worked/not worked with families. She thought this would be particularly useful for the cohort of families that are repeat referrals, who engage better later; she said "for these (families), we need to identify where things went wrong to stop this again. It's about developing a preventative strategy".

Another participant from a charity reiterated the importance of organisational values and spoke of the need to evaluate how we communicate with families, stating practitioners need to make parents know they believe they want to do the best for their children. "For us, it's about asserting that we believe in parents, because of adverse experiences they've had in the past, they may not know - we focus on strengths and honesty".

They believed a diverse workforce and training for the workforce was needed on how to break down barriers and to fully understand trauma was needed to work effectively with these families. They also asked if the workforce was aware of all the tools and interventions that were available to them in supporting families, or if they needed to learn and understand the range and impact of using these. Are practitioners able to fully explain interventions to families? If they don't understand what's available and how interventions work - how can we expect our families to understand them?

Another participant providing a non-statutory family support service mentioned the issue of how well we engage both parents. In that, it was often easier to get mum on board, but the dad may undermine the process and practitioners need to be aware of this. Again, it was generally felt being a voluntary sector organisation often helped, as people seem to be more trusting of organisations that are not part of the "system".

A participant working in a non-statutory family service mentioned taking a contextual safeguarding approach for families who were not trusting of services. She mentioned Des Holmes, who asks why we only engage with certain sectors and not others. In some cases, she felt community contacts and mentors could help assist with engagement and often had experience with issues or information that agencies and services needed to know about. She spoke of her organisation working closely with religious groups and smaller community groups; attending drop-ins as another way to promote services and increase engagement. She mentioned this approach had been successful in engaging Somali families.

Another participant who works for a charity spoke of working with families using the 'signs of safety' model to utilise whatever the wider family can offer. Within the extended family, there will always be protective family members. They believed family support was really important, as service users spent far more time with family and peers than with agencies/services and will continue support in the long term when agencies/services have ceased.

The group considered what they would do if they couldn't make progress with engaging a family and a participant talked about her unit having group/peer supervision to discuss cases before they got 'stuck'. The group thought allocation of cases based on the skill base of the practitioner would be better than allocating according to capacity. They thought this would enable more complex cases to be managed by practitioners who had more experience, whilst shadowing, and building up skills and knowledge of those with less experience. Though the group recognised that there is not always scope to take this approach. The group also identified building networks and community mapping to identify others who were already involved with the family or who could help make an introduction into the family.

They also identified scenario planning where the workforce could safely practice dialogues/role play of engaging with complex families. They believed this would increase confidence amongst the workforce – and be especially useful in developing cultural competency. The group also thought reviewing outcomes from previous complex cases could help reflection and identify previous effective practice.

Conclusions and thematic learning recommendations

The group believed discussing complex cases by undertaking peer supervision and reviews into previous/current complex cases to establish more effective ways of engaging with families who were ‘stuck’. This was also highlighted as a learning point in the Report of Child H, which stated “a coordinating group could be useful for other complex cases, especially so in potentially resistant families who might tend to play one set of Practitioners off against another”.

Recommendation 1: The Partnership should scope systemic approaches and multi-agency peer group supervision models to develop and inform a bid to the Executive to support a citywide model for partnership professionals.

Having time and space to research and learn about family’s case histories was identified and the importance of reflective time and supervision to discuss practice.

Recommendation 2: The Partnership should ensure organisations afford time and space for practitioners to undertake research and provide reflective systemic tools for use at supervision.

Additional local training was highlighted both on how to work in a trauma informed way and in therapeutic approaches and in understanding all the tools and interventions that were available to them in supporting families. The groups also spoke of needing to be culturally competent to work with families and wanted training to include use of language, scenarios, and role play to help practitioners develop confidence.

Recommendation 3: The Partnership will ensure working in a trauma informed way, cultural competency and use of language are included in the KBSP training schedule for 2021.

Similarly, ensuring families have the right support and tools to engage is vitally important. Practitioners should be aware that a parent or a child may need extra help to understand, and practitioners should ensure that happens. Being aware of the language used, providing visuals such as story boards, using a translator, or a learning disabilities advocate should be considered.

Recommendation 4: Practitioners should be provided with resources which can help parents and children understand a situation if that is needed. This could include visuals such as story boards, and practitioners should be trained /supported to confidently use these.

The group highlighted families with complex narratives often had several different agencies/services trying to visit them or having different appointments on different days with different professionals. They felt the best conduit of improvement was a single or lead professional developing a strong relationship with the family, with other specialisms called on later if needed.

Recommendation 5: The Partnership should review the number of professionals involved in supporting families and where possible have a trusted professional who could be a conduit for others.

Appendix 1

Agencies and Services that were invited and participated in the Focus Groups

16-25 Independent People

Avon and Somerset Police

Avon and Wiltshire Mental Health Partnership NHS Trust (DNA)

Barnardo's

Bristol City Council Children and Young People Services Workforce

Bristol City Council Youth Offending Team (DNA)

Bristol Drugs Project

Bristol Youth MAPs

Creative Youth Network (DNA)

Developing Health and Independence (DNA)

The Foyer Youth Homeless Hostel (DNA)

Mind (DNA)

Next Link

Schools (DNA but agreed feedback via School Network)

Second Step

Sirona Care & Health CIC

St Mungo's (DNA)

University Hospitals Bristol and Weston NHS Foundation Trust (DNA)